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Student Suicide: Mental Health and Legal Response

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This paper has been crafted to provide elaboration on the presentation points made, and to give a more thorough analysis of both the need for addressing student suicide and self-harm outcries, and the legal landscape for public schools in this area. The paper concludes with two sample documents that districts may find useful in their communications with parents in the event of a student suicide outcry.

Student Suicide, Self-Harm, and Outcries in the School Context

While risk of suicidal ideation rises with age, most suicide prevention programs continue to focus on teen suicide. This is in part because in 2020, suicide became the second leading cause of death for children between 10 and 14 years old.¹ According to the Centers for Disease Control and Prevention (CDC), suicide is the tenth leading cause of death for children ages 5 to 9.² While suicidal behavior can look significantly different for young children than for adolescents, it is no less concerning. Research has shown that children as young as 5 or 6 understand that killing oneself leads to death, but they do not always understand the permanence of their actions.³ The notion that young children cannot experience the requisite deep, emotional pain is unfortunately short-sighted. Young children can have a desire to die but may not fully appreciate the implications, and because they are often inclined toward more impulsive behavior, moving from thought to action occurs more swiftly than in their older counterparts.⁴

Special education eligibility can play a role, in that children with attention deficits or depression have a higher risk of suicide, but the National Institute of Mental Health determined that less than a third of children who die by suicide had a previously diagnosed mental illness.⁵ More critical is the students' home life in that over 40 percent of children who die by suicide had family instability such as divorce, parent depression or substance abuse—problems that have worsened due to school disruptions during the COVID-19 pandemic.⁶ The extent of added stressors for younger populations due to the pandemic are still becoming known, but there is no doubt that along with school shutdowns, the pandemic disrupted parent livelihoods, employment, and the family stability that younger children need to be successful.

As a result of these stressors, the need for mental health supports and staff training for children and preadolescents—who have historically had fewer school-based mental health supports than

¹ Centers for Disease Control and Prevention, <https://wisqars.cdc.gov/data/lcd/home> (last visited Jan. 2, 2023).

² *Id.*

³ Sarah D. Sparks, *Suicide Is Rising Among Younger Students. Here's How Schools Can Prevent Tragedy*, Educ. Wk., March 1, 2022.

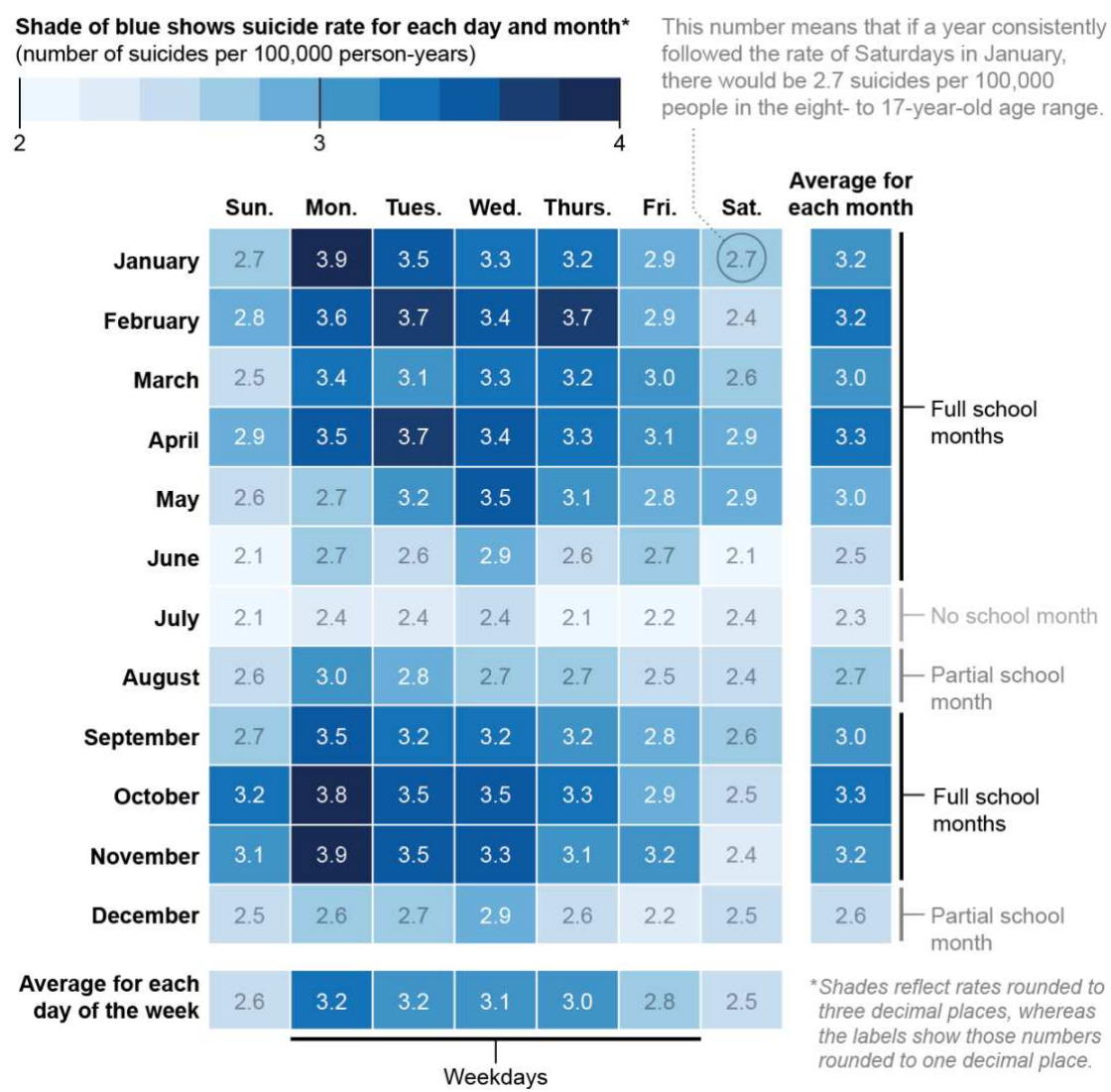
⁴ *Id.*

⁵ NIH.gov - *Understanding the Characteristics of Suicide in Young Children* (December 14, 2021), <https://www.nimh.nih.gov/news/research-highlights/2021/understanding-the-characteristics-of-suicide-in-young-children>.

⁶ Donna A. Ruch, Kendra M. Heck & Arielle H Sheftall, *Characteristics and Precipitating Circumstances of Suicide Among Children Aged 5 to 11 Years in the United States, 2013-2017*, July 1, 2021, <https://pubmed.ncbi.nlm.nih.gov/34313741/>.

high school students—has increased. During the first eight months of the pandemic alone, mental health emergencies (including suicide attempts, self-harm, and serious panic or depressive episodes) for children shot up 25% for children 5 to 11 years old, and over 30% for those 12 to 17.⁷

Suicide Rates by Month and Day, Ages 8–17, 2000–2020



Credit: Amanda Montañez; Source: [CDC Wonder](#), Centers for Disease Control and Prevention; Data analysis by Tyler Black

⁷ Sarah D. Sparks, *Suicide Is Rising Among Younger Students. Here’s How Schools Can Prevent Tragedy*, *Educ. Wk.*, March 1, 2022.

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